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ABSTRACT

The handbook provides a guide for the development of a public school program for autistic and seriously emotionally disturbed (ED) children which reflects the experience and successful elements of the Orange County (Florida) School District program. Included are sections on program rationale and philosophy (providing equal education opportunities); program goals (increasing students' growth through a behavior modification program of developmental activities); eligibility of children for the program (examining criteria such as unusual reactions to perceptual stimuli); program organization (considering such conditions as core staff requirements, budget, and transportation needs); initial identification and placement of children in the program (using referral and assessment methods to place the child in a diagnostic category); and transition of children out of the program (determining readiness for regular or ED class placement). Information in the appendixes includes the definition of autistic children, a plan for remodeling and adapting an existing classroom, and guidelines for parent group leaders. (SB)

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ED 113 922

AN EDUCATIONAL MODEL FOR AUTISTIC CHILDREN

A Guide for Developing
a Public School Program
for Autistic and Seriously
Emotionally Disturbed
Children

A public school program

Developed by the Orange County
School District
Orange County, Florida

An ESEA Title VI-B Project

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EC 080 369

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* Please note that throughout the handbook, the terms speech and language Pathologist, and language development specialist are used interchangeably.

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Foreword

This handbook provides a guide for the development of a public school program for autistic and seriously emotionally disturbed children. It reflects our experience and the most successful aspects of the program as an E.S.E.A., Title-VI-B project. The program is funded through Florida Education Finance Program and with the cooperation of the School Board of Orange County. E.S.E.A., Title-VI-B funds are for the express purpose of replication and dissemination of the model developed.

Application procedures, eligibility criteria, admission procedures, and evaluation procedures are consistent with State Board of Education Regulations and additional District Procedures for Emotionally Disturbed Programs.

Assignment of program planning responsibility is made through the Director of Exceptional Child Education. The principal of the school in which the classes are housed has local school responsibility for administration of the program.

The record-keeping procedure followed is the same as for students enrolled in Emotionally Disturbed classes, including a cumulative file, a health file, and a case history file which includes staffing committee records.

I. Rationale and Philosophy of the Program

The staff of the autistic program of Orange County recognizes the years of futility and the amount of finances devoted to serving autistic-like children in a residential or institutional setting. Research provides little evidence of the successful integration of these individuals, as adults in a society. Our position is based upon the conviction that regardless of the origin and cause of this serious malady, these children can be helped to become social, happy, and productive human beings. They must function in a social setting which stresses adequate behavior for their level of awareness and age. It is apparent that a child must develop cognitively, as well as affectively, in order to relate to others and that he must be provided with the basic intellectual tools for accomplishing this. These tools include skill mastery needed for learning basic academic subjects.

In relation to methodology, it has been proven that individualized special education is what our children need. Therefore, teaching is essential, not just treating. Active help rather than passive love is responsible for change in children. Love is channeled into constructive concrete action, as compassion and understanding are not enough. The intense behavior modification program requires

continuous assessment, diagnosis and adjustment of techniques for each individual child. Waiting to build relationships with these children, whose inability to interact with others has brought them to us, does not seem feasible. In the interest of safety, children must be prevented from destructive acts either against themselves, others or property. The first step in such a situation is not to ask <u>why</u> the child does what he does, but rather to take direct common sense physical action to prevent the behavior from continuing. The cause for the behavior can then be determined. Not only is good behavior rewarded, the discontinuation of negative behavior is reinforced as well. The days are completely structured to ensure learning. Our children are very disorganized and without a highly structured environment, (teacher, workspace and task) chaos would be inevitable.

This program takes into account all the major forces in the child's life. This program considers the total child and his total day. Without a program such as this, many parents must keep these children at home, either because there are no care facilities available or the parent cannot afford the cost of such care. Parent education and training is an essential part of any program designed to truly meet the total needs of our children.

Equal educational opportunity for all children is a moral obligation of state and society, yet these children have been deprived of educational experiences vital to the development of intellectual and socially adaptive skills. Following the 1968 mandate by the Florida State Legislature to provide appropriate instructional programs to meet the needs of all special children, Orange County was the first public school system in Florida to provide educational services for the autistic child. The Orange County program for autistic-like children is one more step toward providing equal opportunity for all children regardless of their special needs.

II. History and Development of the Program

In 1972 the Orange County School system established a pilot study class for autistic and seriously emotionally disturbed children for whom no other school facility was available. The program which was housed at Audubon Park served six children. Teachers and aides were funded by the Orange County School Board, and graduate psychology majors from Florida Technological University assisted with individualizing instruction. The class was established on the hypotheses that a program of special educational intervention could result in emotional and social growth as well as educational achievement for emotionally disturbed children who until that time had been considered uneducable with institutionalization being the only alternative.

In the second year of operation the need was felt for parallel supportive counseling and training for the parents of these children. At the end of the second year the program was serving sixteen children and the need for a closer adult-child ratio was deemed necessary if maximum results were to be obtained. Also a Language Specialist, as well as other support personnel, were considered essential for a total program to meet the childrens' needs. The first application for Federal Funds was made under E.S.E.A., Title VI-B.

The program was moved to Gateway School for utilization of resources within the school such as special physical education equipment; home economics and shop facilities; large motor development room and equipment, and support and resource personnel. The additional teachers and aides provided by the school district, the improved physical plant housing the program, and support personnel provided by E.S.E.A., Title VI-B funds, have resulted in a more highly structured program of psycho-educational developmental activities to meet the needs of the individual child.

The Parent Education and training program has been expanded with additional services being offered to meet the needs of the parents. Three workshops conducted by personnel from relevant successful out-of-state programs have aided in both parent and staff growth and development. The growth and changes in the program since September are too numerous to enumerate; however, pre-vocational activities, body imitation activities, sign language training, and intensive behavior-shaping programs are a few welcome additions to the program. The entire classroom schedule has been revised in major activity areas six times, involving the entire staff of nine full time personnel. Flexibility and working cooperatively are essential characteristics of the adults involved in order to ensure that the program will result in mental, emotional and

academic growth in all the students. Mrs. Amy Lettick of Benhaven, Dr. Matthew Israel of Behavior Research Institute and Dr. Martin Kozloff of Boston University conducted workshops for us and provided a broadened scope and basis for the development, analysis, and delineation of methods and curriculum deemed successful in dealing with severely emotionally disturbed students.

III. Goals of the Program

A. To provide educational intervention in a public school setting for autistic children, who by reason of the severe nature of their impairment, would not otherwise be eligible for school attendance. As a result of the educational intervention, it is expected that institutionalization can be circumvented and these children can be helped to lead more productive lives as adults.

B. To increase students' growth, through a highly structured, highly motivational, task oriented behavior modification program of developmental activities, based on the individual child's nature and needs, in the areas of:

1. socially adaptive behavior and social responsiveness,
2. gross and fine motor coordination skills,
3. visual and auditory perception skills,
4. language and communication skills,
5. academic performance.

This increase in adaptive behavior and academic skills, is expected to result in students' transfer to more academically oriented emotionally disturbed classes, or to established vocational rehabilitation programs for students meeting age requirement and criteria.

C. To foster maximum development of the child by providing concurrent education and training of parents of children in the program. To teach these parents, who have the very difficult job of caring for a disturbed child twenty-four hours a day, how to work with their own children and to alleviate anxieties encountered in their daily living with the child.

IV. Eligibility of Children for the Program

The following criteria should be used in determining the eligibility of a child for the program:

1. The child is enrolled in, or eligible for, enrollment in the public schools of Orange County.

2. The child exhibits the following behavioral characteristics to the extent that he or she cannot be adequately served by the basic program:

   a. Gross and sustained impairment of emotional relationships with people and situations as manifested from infancy.

   b. Speech never acquired or, if present, has abnormalities such as echolalia, absence of inflection, pronominal reversal and extreme literalness.

   c. Sustained resistance to change in the environment and a striving to maintain or restore sameness.

   d. Background of serious retardation in which segments of normal or near normal or exceptional intellectual function or skill may appear.

   e. Tendency towards head banging, twirling, finger chewing, rocking or other self stimulatory behavior.

   f. Preoccupation with particular objects, or certain characteristics of them, without regard for their accepted functions.

   g. General failure to develop symbolic thinking.

   h. Unusual reactions to perceptual stimuli.

V. Setting Up a Program

Prior to establishment of the self contained classes at Gateway School, the following conditions were in existence:

1. A liaison was established with Orange Memorial Comprehensive Mental Health Center.
2. The following support services were provided:
   a. Instructional resources - Instructional support is provided to the program, through the close cooperation maintained with curriculum supervisors and curriculum research assistants, assigned to regular education program.
   b. Assessment and Social Services - The autistic program is supported and complemented by the Gateway School psychologist, Gateway School social worker, and other members of Psychological Services and the Pupil Personnel Services Staff.
3. Others:
   a. Parent Volunteers - Parent volunteers will be accepted following an assessment of, their skill in, or training in, primary reinforcement behavior modification techniques to effect behavior change. They will be utilized in training volunteers or students in one to one behavior modification techniques.
   b. University assistance - Students in education or

psychology will be utilized as part-time instructors for one to one behavior shaping and instruction following short training peroid.

4. The availability of trained teachers or teachers of the emotionally disturbed for the program was assured through programs established at local and state universities.
5. Through liaison with community health agencies and professionals, including many local psychiatrists and psychologists, support in the form of psychiatric and psychological consultative services is provided.
6. The Director of Psychological Services, the Principal of Gateway School, and the staff of the autistic project, will ensure knowledge and acceptance of the program within the district and within Gateway School.

A. Core staff requirements

The overall operation of a public school program for autistic-like children involves the coordinated efforts of many different agencies, offices and personnel both within the district and within the state in which the program is being operated. Figure 1 gives an overview of the various personnel that become involved in the overall effort.

The personnel most closely and fully involved with the students constitute the core staff of the program. Our requirements for core staff are these:

1. Principal
2. Coordinator
3. Teacher
4. Teacher aides
5. Speech Pathologist
6. Parent Group Leader (School Psychologist)

Figure 2 illustrates the way in which members of the core staff interact with each other and with students and parents.

The number of core staff members, particularly teachers and teacher aides, will be determined by the number of children to be served. The Cupertino Project in California, which required toilet training as a prerequisite for placement, required a minimum ratio of one adult for every three children. Although it is possible to use volunteers, experience of others has shown that this is not as successful as using paid teacher aides.

Great care must be taken in the selection of all staff members who will be working directly with the students. Not all people can work successfully with autistic-like children. Such work requires an unusually high degree of tolerance for noise and bizarre behavior, and the ability to firmly control student behavior when necessary. The following is a job description for each core staff member including qualifications and specific responsibilities.

PERSONNEL INVOLVED IN THE OVERALL OPERATION OF A PUBLIC SCHOOL PROGRAM FOR SERIOUSLY EMOTIONALLY DISTURBED CHILDREN

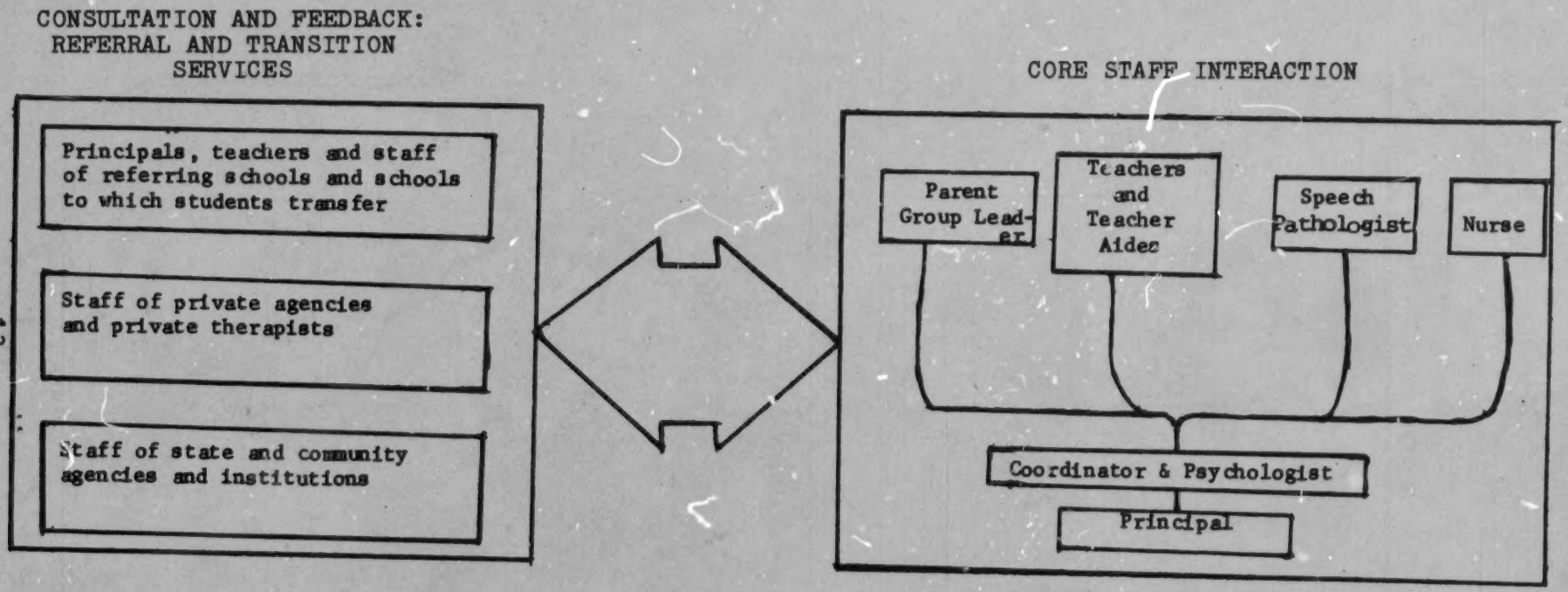
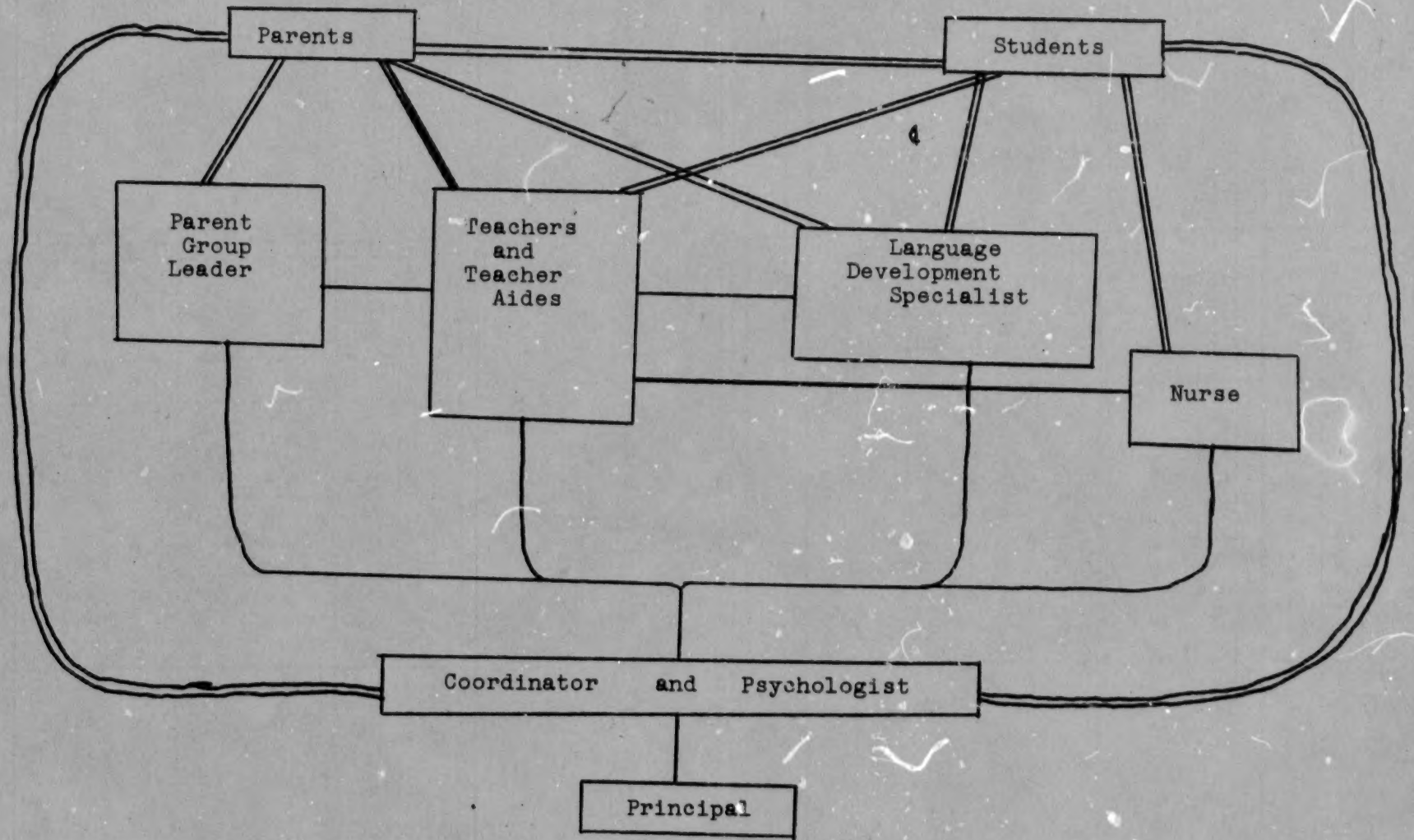

CONSULTATION AND FEEDBACK: REFERRAL AND TRANSITION SERVICES
Principals, teachers and staff of referring schools and schools to which students transfer
Staff of private agencies and private therapists
Staff of state and community agencies and institutions
CORE STAFF INTERACTION
Parent Group Leader
Teachers and Teacher Aides
Speech Pathologist
Nurse
Coordinator & Psychologist
Principal

FIGURE 1

INTERACTION OF CORE STAFF, STUDENTS AND PARENTS



= Interaction directly involved with Social/instructional processes

= Consultation, Training, on observation processes

1. Principal

QUALIFICATIONS	Responsibilities
Administrative credential	Select all staff members in cooperation with the Coordinator
Tolerance, warmth and empathy for children and parents with unique needs	Handle administrative needs and physical plant requirements
Appreciation of the unique needs of the program and the pressures it places on a staff over and above those of the usual classroom	Participate in on-going supervision and consultation with the Coordinator
Willing support of the program	Evaluate staff performance (in cooperation with Coordinator if desired)
	Schedule visitations to classrooms for interested professionals
	Overall supervision and responsibility for program

2. Coordinator

QUALIFICATIONS	Responsibilities
State Certified Master's level teacher	Identify and recruit children who are eligible for the program in cooperation with school psychologist
Administrative credentials or working towards certification	Recommend placement of children in program and provide supportive follow-up
Organizational and leadership skills	Select a staff in cooperation with the Principal
Knowledge of materials and approaches to utilize in teaching school subjects.	Coordinate and supervise inservice training
Knowledge of general policies regarding referral and placement procedures for E.D. children	Assess behavioral status of individual students at beginning and end of school year
Knowledge of public relations procedures in soliciting assistance and support from various organizations	Act as liaison between principal and personnel of resident school and program staff
Knowledge of state and federal laws, which govern provisions for E.D. children	Participate in on-going supervision of, and consultation with, the staff in cooperation with the principal
Experience with severely emotionally disturbed children and parents of such children	Interpret program to visitors and others interested in the program
Experience with behavior modification techniques and knowledge of theoretical rationale	Supervise field workers, and/or interns
Ability to interpret program and communicate ideas to others	Assist staff in developing objectives and reporting procedures
Ability to utilize community resources and ancillary services, for assistance in planning for growth of program	Coordinate program efforts with related district program (especially E.D. and other programs into which S.E.D. students will be transferred

2. Coordinator - Continued

QUALIFICATIONS	RESPONSIBILITIES
Evaluative skills - student, staff, program	Coordinate curriculum development Establish and maintain effective parent training programs, in cooperation with school psychologist Initiate referral to, and consultation with, outside agencies and specialists

3. Teacher

QUALIFICATIONS	RESPONSIBITIES
State certified teacher in Emotionally Disturbed or temporary certificate with psychology major working towards certification	Required school duties, attendance, etc.
Knowledge and experience in teaching autistic-like or other severely handicapped children (must demonstrate ability to work with students)	Train and supervise teacher aides in effective school routines, teaching techniques and use of curriculum and record keeping materials
Knowledge of materials and approaches utilized in teaching school subjects	Organize effective physical classroom set up as a team with aides and support personnel
Knowledge of behavioral and academic assessment instruments and how these instruments may be utilized in educational planning	Set up consistent classroom procedures
Basic knowledge of,or willingness to,learn behavior modification techniques and theoretical rationale	Schedule daily classroom activities
Willingness to learn sign language	Schedule duty and duty free time for teachers, and work with aides for scheduling their duty free time within the classroom
Ability to develop team spirit and secure cooperation and support	Conduct effective parent conferences
Ability to work in highly structured program, including individualizing instruction within a group setting	Demonstrate effective behavioral management strategies for severely emotionally disturbed children
Understanding of nature of developmental skills	Demonstrate and perform as an effective model for appropriate classroom conduct and work habits
	Demonstrate and perform effectively the curriculum lessons and tasks
	Observe and supervise teacher aides as they model appropriate classroom conduct and good work habits, and effectively teach and demonstrate curriculum lessons

3. Teacher- Continued

QUALIFICATIONS	RESPONSIBILITIES
Ability to communicate understanding of children and curriculum	When asked, will work with on-site parent training, demonstration, observation, and supervision of parents in parent education classes
Organizational and leadership skills	Assist in caring for physical needs of students
Ability to be firm but kind	Supervise all record keeping functions within the classroom
High tolerance for noise	Assess academic status of individual students at end of school year
Sense of humor	
Creativity with math materials and techniques	
Acute perception of children's immediate needs	
Ability to express empathy through body language and verbal tone	

4. Teacher aides

QUALIFICATIONS

High school graduate

Warmth and empathy for children

Previous successful experience in working with children

Warmth, understanding and empathy for children with unique needs

Willingness to work under direction of teacher

Ability to work as a member of a team

Willingness to learn sign language and participate in inservice training programs

Initiative and imagination

High tolerance for noise

Sense of humor

RESPONSIBILITIES

Work cooperatively with teachers and other staff members

Assist the teacher in creating a physical environment favorable for autistic student learning

Demonstrate effective behavioral management strategies for severely emotionally disturbed students

Demonstrate and perform as an effective model for appropriate classroom conduct and work habits
Demonstrate and perform effectively the curriculum lessons and tasks

Observe and assist students as they imitate and practice appropriate classroom conduct, good work habits and effective performance of lesson skills and tasks

Record student performance on record-keeping forms

Assist in caring for physical needs of the students in the classroom (washing, toileting, eating)

Inform teacher of any student problems or needs which should be communicated to parents

Schedule, in cooperation with teacher duty time and duty-free time in the classroom. Be sure interests and abilities of each person are fully utilized in scheduling

Consult with the school nurse as needed pertaining to individual student needs

5. Speech Pathologist

QUALIFICATIONS

State certified speech pathologist

Experience in working with autistic-like children or multihandicapped children

Warmth and understanding

Ability to work as a member of a team

Sense of humor

Knowledge of or willingness to learn sign language and behavior modification techniques

RESPONSIBILITIES

Assess language development of individual students at beginning and during school year for total progress

Provide in-service training of teacher and teacher aides in oral language and speech curriculum activities

Develop individual speech and language programs

Develop group speech and language programs

Assist in parent training in cooperation with coordinator and psychologist

Work in classroom with individual children according to progress

Consult with teachers on individual student needs and progress

Communicate with outside speech clinics and therapists working with the children

6. Parent Group Leader

QUALIFICATIONS	RESPONSIBILITIES
(This job could be function of coordinator, psychologist or social worker)	Contact with parents upon admission of child to program
State certification	Schedule and conduct group sessions with parents
Experience in group work with adults	Keep log or other record of parent sessions and discussions
Experience with autistic-like children	Observe student in classroom and consult with staff on student progress and parent concerns
Organizational and communications skills	
Empathy for parents	
Sense of humor	

B. Hours and Schedule

A five and a half hour day has been found to be successful. When considering length of day, consideration must be given to the emotional and physical drain on the staff. Supervision of the students by teachers and teacher aides is required during all periods and lunch hours since these children are usually unable to be left unsupervised at any time. A five hour day allows time after school hours for staff to participate in program planning and behavior modification planning. Bus schedules may also be a factor in determining length of the school day.

A sample daily schedule can be found in the Teacher's Guide.

C. Physical Plant Requirements.

1. School at which class is housed should have a completely fenced-in playground. These children tend to wander off and cannot function in an open playground. The playground should be large enough to allow for multiple groups of activities and be equipped with slide, climbing bars and other playground equipment.

2. Home economics facilities and industrial education facilities in school plant are ideal. Washers and dryers, as well as kitchen facilities are excellent for pre-vocational

activities. Equipment found in industrial education classes can be utilized by staff members in constructing materials for the autistic children. Also, students can benefit from participating in shop activities when their behavior is controlled enough for safety reasons, and they can be accompanied by staff member.

3. The classroom should be housed in a school where these children can have contact with children who have good speech and language habits.

4. Any regular classroom can be adapted to suit the needs of autistic children. The classroom should be housed on the ground floor in an area of the building with low noise level and near exits.

5. The classroom must have a bathroom: Toilet-training is not a requirement for eligibility for the program and those children who are toilet trained cannot be sent out to use regular school bathrooms. Accidents are not unusual and changing of clothes and clean-up are sometimes necessary.

6. The classroom should have sinks and running water.

7. The ideal storage cabinets should be built into the wall, approximately three feet high and five feet long, with formica top and sink built-in. Covered electrical outlets should be located above counter space. There should be adequate space next to counter for a small refrigerator-freezer.

8. Built-in carpeted cubicles, approximately six feet by six feet, are desirable to reduce auditory and visual stimuli. There should be covered electrical outlets in each cubicle along with locking storage cabinets or storage shelf above eye-level of adults. Doors to cubicles should lock from outside and could have small one-way glass for observation.

9. Each classroom should have a time-out room. An existing closet four feet by six feet can be converted. The inside should be padded or carpeted to protect head-bangers. The inside door knob can be removed and a lock is not necessary. A one-way glass in the door or light fixtures, are extremely hazardous for head bangers and self abusive children, and are not recommended. However, some source of ventilation is desirable.

10. The classroom should have enclosed or out of reach storage space equivalent to six to eight feet per child.

11. The classroom should have fire proofed carpeting, adequate ventilation and adequate artificial lighting. Open windows are highly distractable to autistic children.

12. A two-way observation window or video camera to accomodate visitors is highly desirable.

13. Carpeting on all or part of the floor is desirable for gross motor activities.

14. Since individualized instruction is necessary, small cubicles should be available for one to one work. These may be created with the use of moveable room dividers.

D. Equipment and Materials

The classroom should have the following basic equipment and materials:

1. Basic classroom equipment and supplies: bulletin board, chalkboard, screen for visual aids, intercommunication system (two way to master control unit), pencil sharpener, round and rectangular formica topped tables, chairs, teacher desk and chair, stapler, paper, scissors, rulers, pens, paste, paint, etc.

2. Assorted audio visual equipment: audio tape recorder, filmstrip projector, phonograph, language master and listening center.

3. Rhythm instruments.

4. Plate guards for children with poor fine motor coordination.

5. Manipulative objects for perceptual motor development activities.

6. Indoor physical education equipment: mats, balance beam, etc.

7. Outdoor physical education equipment: climbers, bars, slides, swings, tires, rope, balls, etc.

8. Large muscle wheel toys: wagon, tricycle, etc.

9. Academic readiness programs in language arts, reading, arithmetic, spelling and writing.

Optional Equipment and Materials

1. Television set
2. Overhead projector
3. Melody instruments: piano, guitar, autoharp, etc.
4. Refrigerator
5. Stove, hot plate, or electric skillet
6. Carpeted floors
7. Video tape
8. Polaroid camera

Extra costs of special equipment and materials can be met in various ways. Often parents donate manipulative toys and games, as children often will not play with toys at home. In addition, parents are usually willing to donate time, labor and materials to building of special equipment, such as study carrels, storage shelves, ladders, manipulative objects, etc.

* In addition to list, a more detailed materials list appears in Appendix E.

E. Transportation Needs

Home pick-up and delivery of students is necessary. Children can be transported on small district school buses. It is helpful to driver if seat belts are installed. A planned seating arrangement for children in the bus can prevent many problems that arise. There may be instances when a child must be transported by the parent for a period of time.

F. Budget

This program can be funded through the Florida Education Finance Program Revenue of the State of Florida.

Extra costs of special equipment and materials can be met in various ways. Often parents of the children have unused wheel toys which they are glad to donate. At special holiday and birthday times the parents may donate old toys to the classroom. Supermarket chains will donate free groceries for use in food activities in the afternoon groups, and parents will often donate extra kitchen utensils. Frequently large rug companies or builders will donate carpeting or rugs for the classroom. These may need to be fire-proofed, but this is a very simple process. Parents are usually willing to donate time, labor, and materials for building of special equipment, shelves or special cabinets.

G. Personnel Development Activities

In-service training is an on-going process and vital to the success of the program. The coordinator and teachers have basic responsibility for the training of the teacher aides. It is advisable to have six-hour aides to provide opportunity for planning and in-service time with the teacher after the children leave. Holding a minumum day of attendance for the children once a month provides the opportunity for more intensive in-service sessions. At this time the entire staff and support personnel (coordinator, speech and language pathologist, parent group leader) can conduct problem solving sessions.

See Figure 3 for description of initial training process for both new teachers and teacher aides. It is of the utmost importance that the entire staff be trained in behavior modification techniques. After training, it is advisable to have the staff view themselves in work sessions on video-tape monthly. There should be on-going daily observation and evaluation and weekly training with the entire staff. Our children require consistency in all their work sessions and each staff member must be aware of techniques for handling specific types of behaviors. After each weekly training session, the notes, recommendations and behavior programs for each child are typed up and

distributed to all staff members. They are also posted in each classroom for volunteers to be aware of changes in rewards or consequences for behaviors demonstrated by the individual children. Behaviors that are being changed are charted to determine efficiency of the method being used. (This is also reinforcing to the staff as some behaviors change very slowly).

All personnel are encouraged to read current articles and books related to methods, research and techniques applicable to our children. They are asked to report new ideas to the staff at weekly meeting. All personnel are encouraged to enroll in a wide variety of courses offered by the University of Florida, University of South Florida, and Florida Technological University. The inservice training components of the district's master plan are being continually expanded and updated as personnel needs dictate. The Florida Learning Resources System provides inservice training utilizing county and outside consultants. Consultants from successful programs for autistic from out of state are provided by E.S.E.A. Title-VI-B funds. Visitations to other carefully selected programs, both in-county and out-of-county, are helpful to the staff.

FIGURE 3

INITIAL TRAINING PROCEDURES

TRAINER (coordinator, psychologist and/or teacher)		TRAINEE (teacher and/or teacher aide)
Introduction of program: 1. Description of children (Slides, video-tape or actual children preferred) 2. Goals of the program 3. Job definition 4. Curriculum	A	Attention to, and study of, program introduction
Demonstration of classroom and Learning Center procedures (Without student) 1. Physical set-up 2. Directed teaching procedure (Signal→Behavior→ Consequence) 3. Role of trainee as demonstrator, observer, helper and recorder of student progress.	B	Attention to, and study of, trainer demonstration of classroom and Learning Center procedures
Demonstration of procedures with student (If school is not in session, parent will usually volunteer their child) #	C	Attention to, and study of, demonstration (including charting of behaviors, if required)

FIGURE 3 CONTINUED

TRAINER		TRAINEE
Parallel Teaching 1. Trainer demonstrates specific learning series with student at learning center 2. Trainer gives materials to trainee. 3. Trainer begins teaching second student *	D	1. Trainee observes, questions, and records 2. Trainee takes over learning series with first student. (Trainer is close at hand in case problem arises)
Evaluative Interaction	E	Evaluative Interaction
Observation of Trainee performance (managing entire group situation) (Notes should be made)	F	Implementation of procedures with entire group (Trainer can make suggestions, if necessary, during work session)
Evaluative Interaction	G	Evaluative Interaction
Continued observation and supervision of trainee performance in classroom	H	Continued growth in implementation of procedures

\# Should consist of at least five hours to insure variance of situations

* Should consist of at least five hours for reinforcement of trainee, both by student and trainer.

H. Student Models

Children in the program need exposure to "normal" student behavior on which they can model their own behavior. Since Gateway is a special school, fifth and sixth grade age level students from learning disabled and emotionally disturbed classrooms are utilized. The students are selected on the basis of their good behavior and academic work in the classroom. If a student misbehaves in his classroom or with the staff of the program, this privilege is withdrawn for a week. Students serving in this capacity must be carefully selected and trained. Not all students are able to tolerate the noise level and bizarre behaviors. In introducing student models to their role and responsibities in the program the following steps are recommended:

1. Coordinator meets with student models and explains the program, and special needs of the children. The function of a student model is explained.

2. Student models are introduced to staff and are assigned one child for which they are responsible.

3. Student models work directly with the children under teacher supervision. Student models work most successfully when assigned a specific task, such as demonstrating use of playground equipment. Our student models assist

us with recreation activities, gross motor activities, and body imitation activities. (They have learned some sign language as an added benefit).

4. On-going evaluation meetings are held with the student and staff. The teachers give assistance and advice in handling problems which arise.

5. Student models are invited on all field trips and to class or private parties (by parents of our children).

6. Service awards should be given at the end of the school year. (Throughout the year, models should be positively reinforced for their service).

I. Volunteers and Interns

Volunteers should follow a procedure similar to the one stated for student models. However, volunteers should be scheduled for periods of classroom observation. Volunteers should only be used for one-to-one situations and should never be asked to teach the children. If they wish to volunteer on a permanent basis, they should go through the same training procedure as teachers and teacher aides. It is extremely difficult to find good substitutes for our teachers and aides. We have asked permanent substitutes to volunteer their time in the classroom (at least one full day). If they can tolerate

the noise and behaviors, they progress through the training program and are then called as substitutes for the program. An untrained substitute can have more problems in one day than would be necessary if the children are regrouped. Remember, personnel to work with our children must be carefully selected.

Interns and students receiving credit for their experience should progress through the same training process as teachers and aides. By the end of March, students had contributed an average of twenty-seven hours a week to the program. We feel it is definitely worthwhile to train personnel who will spend this much time with the children (in one-to-one learnings situations). All students turned in reports which helped us further evaluate our program.

J. Parental Involvement

Through experience with varicus approaches to parent education, some fundamental recommendations can be listed:

1. Parents of our children need as much encouragement to try new approaches to living as do their children. Parent groups are most successful when conducted as business-like as possible. If possible, contracts should be signed by parents and group leaders regarding goals to

be accomplished. Parent groups should be conducted within a framework of re-education focused on behavior modification techniques applicable to the home situation. Parents should choose the behaviors they wish to change or increase and,with suggestions from the group leader, begin their behavior modification plan.

2. Meetings should be held once a week and if possible, arrangements should be made for some type of sitter service. Groups of seven sets of parents are effective.

3. The group leader should be supportive in all attempts at change, remembering that these parents have experienced years of failure and need a great deal of encouragement.

4. Parents need to see themselves as individuals with their own unique needs apart from the demands of an extremely difficult child-rearing situation. If possible, parents should be advised of students available as sitters, so that they can have some evening time to themselves.

5. The parent groups should be based on knowledge the parents have of behavior modification principles. We had success with having separate parent education sessions for differing abilities, running concurrently on the same evening.

6. A sense of humor is a necessity for the group leader to dissipate parent resistance and fear. Also, behavior modification techniques are applicable to adults as well as children.

For more information on parent training, see Appendix D.

Parents need to know and be involved in what is happening in the classroom. Experience has shown, however, that it is best not to bring parents directly into the classroom. The release of parents from child responsibility for a few hours each day makes them more effective as parents. Parents can be provided information and become more involved in the program through:

1. Regularly scheduled parent-teacher conferences and freedom to request special conferences as the need arises.

2. Special "smiley" notes to be sent home in the event of an exceptional day or accomplishment of a new skill by the student.

3. Video-tape presentations or slide presentations of classroom activities at special times throughout the year by invitation to all parents.

4. Monthly newsletters to the parents telling of changes in schedule, upcoming events, etc.

5. Involvement in all-school services in a volunteer capacity. (For example, parent organized workdays for building special equipment or cleaning carpeting).

6. Invitation to all workshops conducted by personnel from out-of-state programs for purposes of in-service training.

7. Assistance by parents in developing public understanding and acceptance of autistic-like children through presentations at civic organization meetings or at Parent Teacher Association meetings. (They can use films, slides and small group discussions).

8. Invitation of parents on all field trips, as well as notices of special parties in the classroom, which they are invited to attend.

9. Parents who are expertly trained in behavior modfication techniques can teach volunteers and students at the school. They can also voluntarily help other parents or siblings learn behavior modification techniques in the home environment.

10. Parents should always be able to call program personnel during the day, if any emergency arises in the home. Parents sometimes need support or advice during a crisis. (Example, finding a doctor for an autistic-like child when he is severly ill).

K. Evaluation of the Program

Evaluation of student progress is a daily, on-going process, built into response sheets and charts and the curriculum-keeping materials. Students are also evaluated every nine weeks with reference to home development during parent conferences. (Refer to curriculum section of Teacher's Guide).

Testing at the beginning and end of the school year is also advisable to determine effectiveness of the program and progress of the children. The following test battery has proven efficient and effective with autistic children:

1. Wide Range Achievement Test
2. Peabody Picture Vocabulary Test
3. Goodenough Draw-a-Person
4. The AAMD Adaptive Behavior Scales or The Development and Trainability Assessment.

Assessment

Some children are unable to perform on standardized test items. This fact should be noted and evaluation attempted on the regularly scheduled basis.

In addition to standardized tests, students are evaluated at the beginning and end of year, utilizing teacher-made

assessment forms in all areas of the curriculum. Videotape observations at scheduled intervals are also an effective means of measuring student progress as well as excellent self-evaluation tool for teachers and aides. Evaluation of program is also accomplished by use of written assessment by parents, faculties and administrators.

L. Classroom Visitation

Classroom visitation is an important element in the overall success and acceptance of the program, however, interruption of classroom routine should be kept to a minimum. Teachers and aides lose control of the children when they are required to give attention to visitors. The following guidelines are suggested for coping with visitors to the program:

Orientation

Before observing the classroom, visitors should be given a brief orientation. This can be provided by the principal or the coordinator and should include at least the following basic information about the program:

1. Types of behavior a visitor can expect to see in the classroom. Visitors should be prepared for encountering the bizarre behaviors of some of our children.

2. Over-all goals of the program. Visitors need to be given a clear idea of what teachers and teacher aides are working to accomplish.

3. Brief description of classroom organization and explanation of the part of the daily schedule with which their visit coincides.

4. We use video-cameras for visitors to observe classroom activities. This eliminates many problems which may be encountered. However, if the visitor is interested in a specific curriculum area, he will be taken into the classroom.

5. Information on:"How to Be an Asset on Your Visit."

Visitors should be given guidelines on their behavior in the classroom. Some sample guidelines might be:

- Try to avoid interaction with the children. However, if a child approaches you and gives you eye contact, greet him appropriately. Please do not interrupt learning centers to interact.

- Please do not talk to teachers or teacher aides or with other visitors. Save questions and comments until after leaving the classroom. Many of our children have auditory disorders and unfamiliar voices are highly distracting.

- In the event that a child has a temper tantrum, please do not attempt to assist. Remove yourself from the immediate area.

Some schools have found it useful to provide a printed "Visitors Sheet" outlining goals of the program and listing rules to be observed while in the classroom. A printed brochure with basic information on autistic children and the program has been very useful in dissemination.

In the classroom visitors should be accompanied by the principal, coordinator or psychologist when they are observing the children. Teachers cannot be expected to attend to visitors. Thirty to forty-five minutes has proven an adequate time period for visitations.

Follow-up Question Period

Visitors appreciate the provision of a short question period at the end of their visit. This gives them the opportunity to clarify their own observations and ask any further questions they may have. Knowing that a question period is provided will also help discourage talking by visitors in the classroom. At this time visitors are asked to complete a brief questionnaire regarding their stay. (See Appendix F)

VI. Initial Identification and Placement of Children in the Program

A. Identification of Children Eligible for the Program

1. Screening

Initial identification of an autistic child may be made by a parent, physician, teacher, psychologist or any other agency or person who is in contact with the child.

Since autistic behavior is recognizable at an early age, the autistic child should be diagnosed by physicians treating the child. Hopefully public health agencies and private physicians will make initial diagnosis before school age.

2. Referral

Most referrals of autistic children originate from outside agencies or physicians. However, school psychologists make referrals to Gateway School for new children moving into the county. A representative from Psychological Services and the staff of the autistic program handle referrals from outside agencies and perform necessary evaluations and gather information.

3. Identification

Responsibility for identification rests with Psychological Services. A representative from Psychological Services and the staff of the autistic program obtain medical records and perform the necessary evaluation for diagnostic and prescriptive purposes. A school social worker at Gateway School obtains social histories. The evaluation includes but is not limited to:

a. Observations - Three observation periods during which major behavioral symptoms described in criteria will be noted.

b. Interview - Rimland's Diagnostic Checklist for Behavior Disturbed Children and Vineland Social Maturity Scale will be used for behavioral data.

c. Comprehensive Physical examination including vision and hearing test, and neurological examination, if necessary.

d. Tests which have diagnostic and prescriptive purposes.*

1) The Development and Trainability Assessment (BKR - Sunland).

2) The Preschool Attainment Record (Vineland).

3) Assessing Language Skills in Infancy (Multi-dimensional analysis of emergent language).

4) Peabody Picture Vocabulary Test.

5) The Columbia Mental Maturity Scale will be attempted if concepts of same and different are present.

6) Sensori - Motor Tests based on Piaget's Theories.

7) Portions of WISC or Binet if applicable.

8) Manipulation tasks, such as Seguin Form Board or 3 hole board from Binet.

9) Informal tests of auditory and visual perception and motor development.

10) The Wide Range Achievement Test, if applicable.

* Testing techniques must be those which do not require full cooperation of the child and which use his own play and normal activities as starting point.

Diagnostic Categories of Seriously Emotionally Disturbed Children

Each child referred to the program is uaually referred in with some type of diagnostic label or a multitude of labels including: autistic, schizophrenic, symbiotic, psychotic, neurotic, functionally mentally retarded, and/or neurologically handicapped. These labels are attempts to both describe the symptoms and to classify the presumed causes of certain sets of behaviors observed in these children.

Autism, which is characterized by avoidance of interpersonal contact, bizarre mannerisms and little or no speech, is generally thought to be a neurologically or organically based disorder, resulting in lack of development of normal attachment in the very early stages of an infant's life. (For more detailed description see Appendix A.) Schizophrenia, which is often characterized by avoidance of eye contact, bizarre language and regression from previous levels of development is believed to be based on confusion of the cognitive processes. Symbiosis, or overdependence, is characterized by extreme dependency, clinging, passivity and overly affectionate behavior. In symbiosis, the normal attachment formed between infant and mother is prolonged for an abnormally long time, and the child does not progress through subsequent stages of developing independence from the mother.

We, as educators, cannot be overly concerned with the preciseness and discreetness of the categories of emotional disorders. Research is still continuing in the diagnostic area and also in the area of causation. There are multiple hypotheses concerning causation of these disorders. Some theories base the disorders on primarily organic factors, with chemical or hormonal imbalances in the body, influencing the development of the child. Others postulate that the causes are primarily experiential, with the

emotional and behavioral disorders being the result of early environmental influences on the child. There is evidence to support both theories, and some hypothesize that the disorders stem from a combination of these organic and environmental factors.

Attempts to diagnose emotional disorders with greater precision and to determine causation are important pursuits. However, as educators, we must be concerned with the general characteristics and behaviors which are common to the children, regardless of the diagnostic label. While it is doubtful that we, as educators, can eliminate the causes, we can modify or eliminate some of the basic symptomatic behaviors. In this manner, we can assist the child in developing more viable modes of social interaction and enable him to participate in home and school activities amidst what is considered normal society. For this reason, general behaviors are outlined which are typical of our children and which can be coped with utilizing an interdisciplinary psycho-educational treatment program.

Behaviors Typical of Severe Emotionally Disturbed Children

It has been found useful to consider certain aspects of these typical behaviors as reflections of negativism toward

the environment and resistance to participation in normal social interaction. Negativism, for our purposes, is not necessarily a hostile or aggressive rejection of the world, but simply a lack of positive involvement. This may be caused partly by actual perceptual and behavioral deficiencies and/or may reflect environment on his own terms. This negativism or lack of involvement manifests itself in attempts to ignore, screen out, or in some way avoid responding to people, objects and events in the environment. Some of the most common behaviors are described below.

Lack of appropriate body orientation

One of the behaviors most characteristic of our children is refusal or reluctance to orient the body towards other people. This usually involves keeping the head, torso and/or entire body turned away from human interaction. This behavior is one of the most effective means of avoiding human contact or disengaging human contact.

Avoidance of eye contact

Eye contact is a finer aspect of body orientation. Many of our children will avoid making eye contact with a person or object even though they may orient the head and face toward the person or object. Establishing eye contact to person is one of the essential steps in development of the ability to interact appropriately and responsively

to others. Establishing eye contact to task is a necessary prerequisite for learning.

Lack of physical equilibrium

Hyperactivity, extreme passivity, rigidity and tenseness are extremes of body state which all people may exhibit at certain times. Many of our children exhibit one or another of these extremes as their normal body state. For example, a severely emotionally disturbed child may sit limply and do nothing all day, or he may remain in a state of constant, compulsive activity throughout the day. Such a child does not demonstrate the ability to function within the normal range of physical states. He tends to fixate on the extreme polarities of behavior. His physical state does not reflect appropriate responses to his environment.

Lack of emotional equilibrium

Tantrums or fits of rage, an abnormal degree of detachment, over affection, and hysterical or inappropriate laughter are all examples of extreme emotional states. A child who remains in one of these states for long periods of time or who enters these states frequently lacks emotional equilibrium. As with lack of equilibrium of the body, lack of emotional equilibruim interferes

with normal responsiveness to the environment.

Repetitive and bizarre mannerisms or speech

Examples of behaviors in this category include:

Flicking the fingers and hands in front of the eyes
Rhythmic rocking back and forth or from side to side
Walking on tip toe all the time
Striking oneself rhythmically and repeatedly
Abnormal fixation on particular objects
Disturbed reaction to changes in environment
Repeating one word or sound over and over again
Echolalia (child mechanically echoes words he hears)

Actions such as these can absorb a child's total attention and serve to interfere with,or completely block out,his perception of,and response to,other stimuli.

Little or no speech

Complete lack of speech or severely limited or peculiar use of vocabulary is common in our children. This characteristic also mirrors a lack of involvement with the environment.

Note: The Teacher's Guide suggests specific strategies for dealing with behaviors such as those outlined above.

B. Placement of Children in the Program

Once a child has been identified as having needs which might be met by our program, he is referred for placement in the program. The placement procedure will vary depending upon the referral source.

Referral From Within the District

If a child is a resident of the district, the procedure for placing him in the program will include the following stages:

1. Child is referred to coordinator or psychologist by classroom teacher, parent, outside agency or other persons working with child.
2. A mutual decision-making conference is held between the referring and receiving school personnel involved.
3. Data gathering begins. This includes parent-child interview and observation. Parent involvement can begin at any stage previous to this.
4. After completion of data-gathering, the case is reviewed and a plan of action is formulated.
5. Feedback on results of data gathering and plan of action are given to parents. Their consent for placement is secured.

6. The case is reviewed by the Staffing Committee and child is accepted for placement if he meets State Regulations for Eligibility for Placement in Program for Emotionally Disturbed.
7. An intake interview is held with the parents and teaching staff and plans are made for entrance of child into the program. *

* See Appendix C for Intake Interview Data Sheet.

Referral From An Outside District

If a district program is open to acceptance of children from outside the district, the responsibility for the referral and screening process lies with the referring district agreement.

Referral From a Private School Placement

When a child has been in attendance at a private school and is transferring to the district program, his placement procedure is dependent upon whether or not he is resident of the district. If the child is resident of the district, it is the responsibility of the district to confer with the private placement agency and secure data and information pertinent to the child. If child is resident of another referring district, it is the responsibility of the referring district to secure records and initiate inter-district

agreement. In either case, the private school placement personnel should be invited to attend the Staffing Committee meeting.

Staffing Committee

The placement of a child into the autistic program is the direct responsibility of the of the Director of Exceptional Child Education. Assisting him in this placement procedure is the Staffing Committee. This committee is composed of, but not limited to:

1. Director of, or designated representative of, Exceptional Child Education.
2. Representative of Psychological Services-
   Referring School Psychologist
   Gateway School Psychologist.
3. Principal of Gateway School.
4. Coordinator of Autistic Program.
5. The teacher of class child may be assigned to.
6. The teacher and/or principal from referring school.
7. The referring physician.
8. The parents of the child.
9. Social worker of Gateway School.
10. Other individuals who may have knowledge of (or vested interest in) this child.

All the available data gathered through the referral, screening and identification process, plus any other relevant material, will be presented to this committee.

Using this information, the committee will ensure the appropriateness of the educational program recommended for placement.

Educational placement alternatives - The nature and severity of the child's emotional, intellectual and language impairment determine placement in one of the following programs:

1. Self-contained classes designated for the autistic in a special school. Special programs for children whose impairment is profound.
2. Self-contained classes designated for the retarded in a special school. Children whose intellectual and language impairment is severe, but whose behavior is manageable, may be served well in those classes.
3. Self-contained classes designated for the emotionally disturbed in a special school. This placement is utilized with children whose intellectual and language impairment is of a mild or moderate nature, but whose behavior disorder is severe enough to warrant a special program. Autistic children who are severely impaired will not be placed in programs for the emotionally disturbed with children of normal capacity and learning needs.

The recommendation for placement will include basic considerations of an educational plan based on

the accumulated data. The educational plan, to aid in prescriptive teaching, will include, but not be limited to:

1. Parent involvement.
2. Assessed socialization level.
3. Assessed perceptual strengths and weaknesses.
4. Assessed academic or readiness level.
5. Assessed language or communication level.
6. Assessed self-help level.

VII. Transition of Children Out of the Program

A. Determining readiness for regular or Emotionally Disturbed Class placement.

To be considered for transfer out of the program and into a regular or Emotionally Disturbed Class, a child should meet following criteria:

1. Relates to others in a meaningful manner.
2. Communicates well enough to express thoughts realistically and to allow participation in academic tasks.
3. Sustains attention in an academic task for at least 15 minute periods.
4. Controls his own actions adequately.
5. Cooperates with requests and follows instructions.
6. Participates in group activities.
7. Indicates desire to perform academic tasks.
8. Demonstrates adequate gross and fine motor development.
9. Demonstrates academic and learning readiness skills on at least a first grade level.
10. Functions successfully when integrated for short periods of time into transition or special class program, for full time placement.

B. Procedure for Transfer of Child into Regular or Emotionally Disturbed Class.

The decision and procedure for transferring a child into a regular or Emotionally Disturbed class will be handled by a school team consisting of the coordinator, psychologist, principal, teachers, aides and speech pathologist. Once there is reason to consider transferring a child out of the program and into some other sort of placement (See A. Determining Readiness), the following steps should be taken:

1. The school team meets to review the child's progress. The team reviews all aspects of the child's case. Through a process of mutual decision making and using readiness criteria, they arrive at a recommended plan of action.

2. School team confers with the parents to discuss the school team's recommendation.

3. Coordinator arranges for a meeting of the program staff with the staff of the receiving class or school. The receiving staff is invited to observe the child in the autistic class.

4. Child is placed in the receiving class on an observational basis. Coordinator and psychologist follow up on the child in his new placement.

5. Placement in the receiving school is made permanent following a meeting of the staffing committee, if the child is adjusting successfully.

C. Procedure for Part-Time Integration of Child into Regular Class or Emotionally Disturbed Class.

The school team's recommendation for a child may involve only part-time integration of the child into the activities of a regular or Emotionally Disturbed Class. If this is the case, these steps should be followed in making the part-time placement:

1. School team determines that the child is ready to be integrated into the receiving class on a part-time basis.

2. Cooperation of the receiving class teacher is secured. The receiving teacher reviews the case with the program staff and observes the child.

3. A "helper" from the receiving class is appointed and comes to the classroom to get acquainted with the child.

4. Child is integrated into receiving class for a period of half an hour to an hour. A teacher aide accompanies him and stays with him until he has adjusted.

5. Duration of his stay in receiving class is increased, when feasible, based on the child's adjustment.

APPENDIX A

DEFINITION OF AUTISTIC CHILDREN

(The following working definition of autistic children, developed by the National Society for Autistic Children (NSAC), was approved by the NSAC Professional Advisory Board, January 14, 1973. It is taken from the National NSAC Newsletter.) *

GENERAL DEFINITION: The term "autistic children" as used by the National Society for Autistic Children (NSAC) shall include persons, regardless of age, with severe disorders of communication and behavior whose disability became manifest during the early developmental stages of childhood. "Autistic children" includes, but is not limited to, those afflicted with infantile autism (Kanner's Syndrome), profound aphasia, childhood psychosis, or any other condition characterized by severe deficits in language ability and behavior and by the lack of ability to relate appropriately to others. The autistic child appears to suffer primarily from a pervasive impairment of his cognitive and/or perceptual functions, the consequences of which are manifested by limited ability to understand, communicate, learn, and participate in social relationships.

SPECIFIC CHARACTERISTICS: Such children are typically multi-handicapped in their abilities to receive and communicate information, resulting in behavior inappropriate to physical and social demands of their environment. As in aphasia, the dominant communication disorder or learning disability appears to result from the inability to use and to understand language appropriately. The difficulty is often accompanied by impairment in motor, visual, and auditory perception. The behavior of an autistic child is typically improved by the application of APPROPRIATE educational procedures. A combination of some or all of the following behaviors characterize the autistic child. These behaviors vary from child to child and from time to time in severity and manner.

1. Severely impaired speech or lack of speech.
2. Impaired or complete lack of relatedness and social inaccessibility to children, parents, and adults.
3. Extreme distress for no discernible reason due to minor changes in environment.
4. Lack of intellectual development or retardation in certain areas, sometimes accompanied by normal or superior abilities in other areas.
5. Repetitive and peculiar use of toys and objects in an inappropriate manner, and/or similar repetitive and peculiar body motions, such as incessant rocking.
6. Unusual reaction to perceptual stimuli, such as seeming not to hear certain sounds and over-reacting to others such as holding hands over ears or "looking through" objects, poor eye contact, or unable to perform certain gross and/or fine motor activities (walking with a peculiar gait, limpness in fingers, inability to hold a pencil appropriately).

7. Onset of disorder at birth or apparent normal early development by deterioration in functioning.
8. Hyperactivity or passivity.
9. Apparent insensitivity to pain.

* It is anticipated that this working definition of autism will be changed and made more specific with new research knowledge.

APPENDIX B

PLAN FOR REMODELING AND ADAPTING AN EXISTING CLASSROOM

Our children have unique needs due to the severity of their handicaps. This type of program cannot function in "just any school" where there is available classroom space and plans should be made in advance for remodeling of an existing classroom. The following requirements must be met to serve the children adequately:

1. Toilet facilities accessible to the classroom. (Toilet training is not an admission requirement. Following toilet training at school, adult supervision will still be required. A school constructed for team teaching with bathrooms between the classrooms is ideal. Otherwise the facility should be constructed within the classroom area. Do not construct a bathroom near an exit door.)

2. The classroom should have a close exit door for fire drills and should be located on ground floor. Exit door should open directly out into a fenced playground area. (If a classroom is available in a completely fenced school, this cost will be eliminated. If space is not available, a fenced and partially paved area should be constructed. The fencing is a safety and control factor, as these children tend to be impulsive and wander away.)

3. A padded sound-proof "time-out" room for a child who has lost control of himself. If windows or light source is to be provided, it must be out of reach of all children regardless of height. If inside door knob is removed and doors are reversed, fitting tightly, no external locks are needed. (To meet fire standards) We do not advise observation windows in the time-out room, as broken glass is hazardous. (An existing closet can be converted.)

4. Carpeting in the classroom for the purpose of noise level reduction. (Carpeting that is donated will need to be inspected and fire-proofed,if necessary.)

Facilities described above can be provided at a minimal cost in a present school setting, by remodeling an existing classroom. This will eliminate the need for constantly searching for housing for the program. Be sure to secure the full cooperation of the administration of the school, before making plans for remodeling any classroom to accomodate severely emotionally disturbed children. The administration must be willing to support the program if it is to function successfully.

Figure 1 is the diagram for a single classroom.

Figures2 and 3 are diagrams for classrooms with adjoining bathrooms and hallway.

COST ESTIMATE FOR SINGLE CLASSROOM REMODELING

		Figure 1	Figure 2
+ 1.	Fenced play area: 128' of chain link fence 4 ft. high	$ 256.00	$
+ 2.	Carpeting classroom: (850 sq. ft.) Class A fire rating	2,000.00	
* 3.	Fireproofing donated carpeting:		50.00
+ 4.	Installation of two toilets, metal stalls, and small sink:	605.00	
+ 5.	Installation of ventilation in bathroom: (dependent on material and duct work)	100.00	
+ 6.	Construction of "time-out" room with door: (5'x5'x6')	920.00	
* 7.	Converting existing closet to "time-out" room:		425.00
* 8.	Optional construction of two cubicles in classroom (completely carpeted) (10'x10'x8')		800.00
	TOTAL	$3,881.00	$1,275.00

These figures were supplied by Mr. Calvin Hahn on April 14,1975.

These are current prices for labor and materials through general contractors. They do not reflect any items on bid through the school system or cost of labor through the school system.

+Figure 1
*Figures 2 and 3

Plan for Remodeling Single Classroom

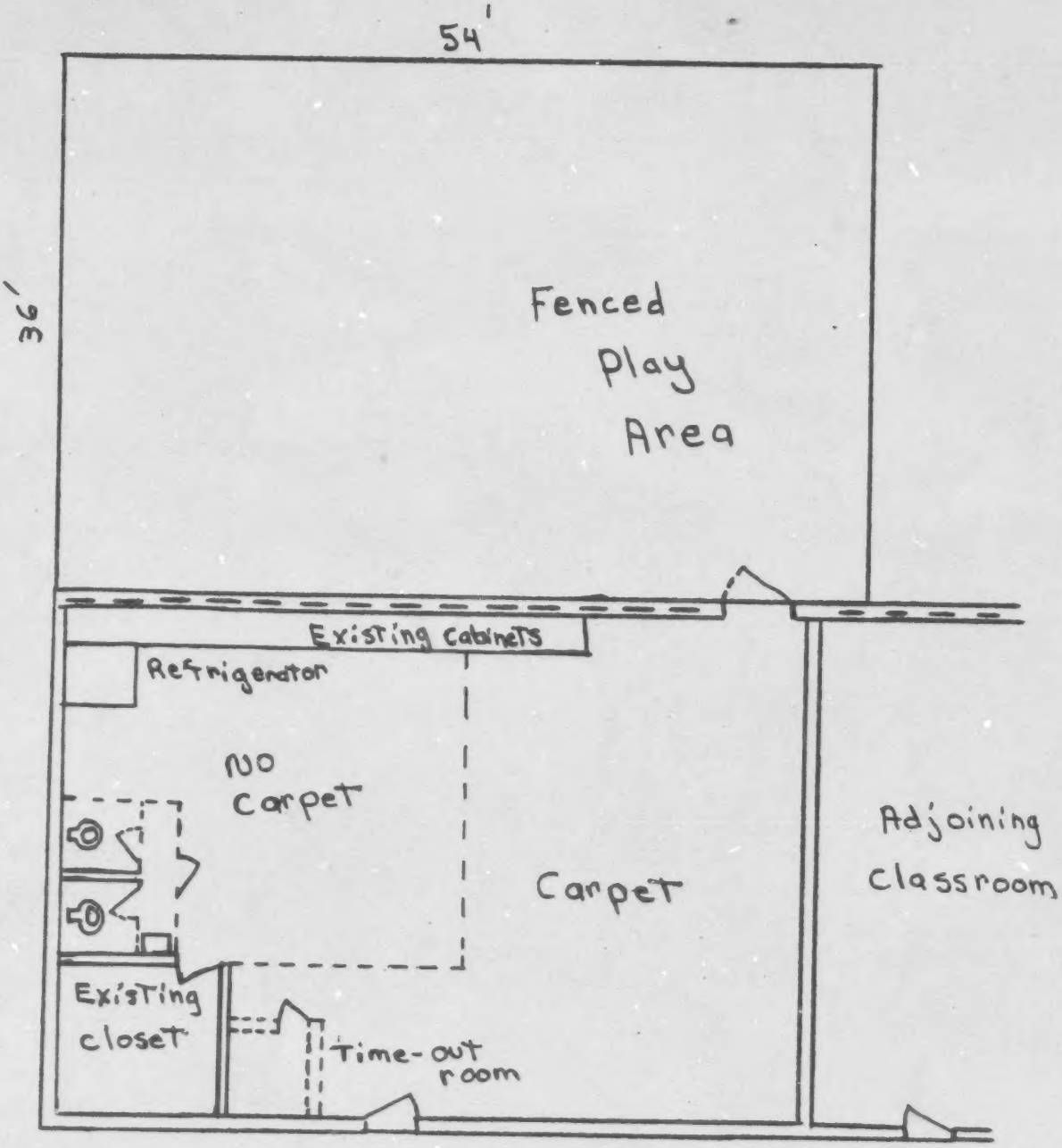
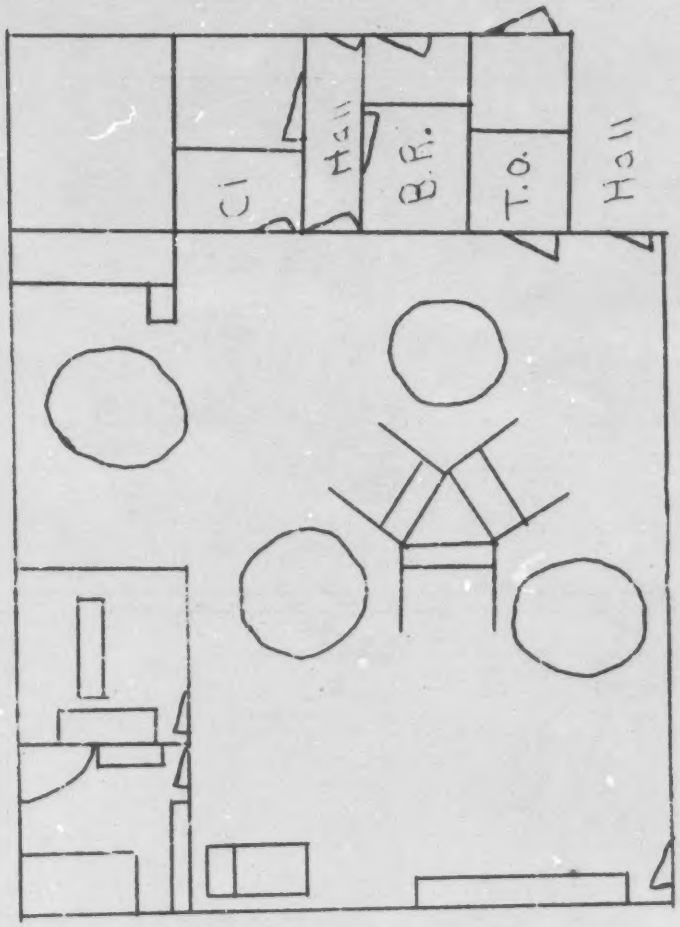


Figure 1

FIGURE 2



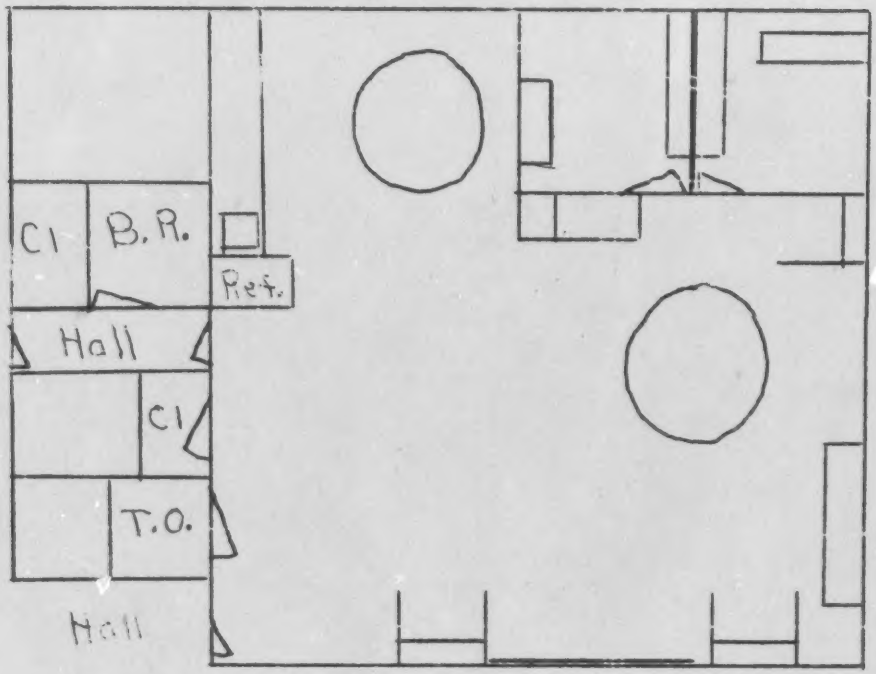
Floor plan
Classroom B

Scale 1/10" = 1'

T.C = Time-out room
B.R. = Bathroom
Cl = Closet

Floorplan

Classroom 4



T.O. = Time-out room
B.R. = Bathroom
Ref. = Refrigerator
Cl = Closet

Scale 1/10" = 1'

FIGURE 3

APPENDIX C

INTAKE INTERVIEW DATA

Name: _____ Birthdate: _____

Family Life

1. Siblings: no. _____ ages _____
2. Who lives with the child?
3. Family interaction patterns:
4. Rewards used at home:

   Rocking chair?

   Coloring books?

   Please elaborate:

Toilet Habits

1. Is toilet trained?
2. If not, please bring one change of clothing in a plastic bag the first day of school attendance.
3. Signals or words used to indicate toilet needs:
4. Dislike of using bathrooms at school:

Eating Habits

1. Manners:
2. Food preferences, dislike or allergies:
3. Would you be willing for your child to eat his breakfast at school?

Physical Health

1. Any problems:
2. Medication:

   If child is on medication to be given during school hours, he must bring bottle with prescription on it to be given to school nurse.

3. Is allergic to foods, animals, etc.?

Socialization

1. Signals or words used to indicate play preference:
2. Does child run away?
3. Peculiar habits or attachments:
4. Any dislike for removing coat, shoes, socks, etc:

Skills

1. Demonstrated handedness:
2. Academic:

   Readiness?

   Reads?

   Writes?

   Knows numbers?
3. Language development:
4. Outside agencies working with child:

Bus Behavior

Ridden Bus? _____ No. times weekly _____

Preference of seating _____

Need seat belts? _____

Enjoy riding? _____

Parent requests for behavior changes

APPENDIX D

GUIDELINES FOR PARENT GROUP LEADERS

These guidelines were prepared with the cooperation of Shelby Morrison, psychologist, and with the guidance of Dr. Martin Kozloff, through his workshop at Gateway School.

We have based our parent services on the following assumptions:

1. The child's growth and development will be enhanced by further parental understanding and involvement with their child.

2. The type of program or service most beneficial to parents will be determined by their unique assests and problems.

3. The parents'motivation and willingness to participate in any form of parent education is directly related to their confidence in the program for their child and their rapport with the staff.

4. When parents have increased their positive feelings about themselves as parents, through positive changes they have accomplished using behavior modification, their effectiveness with the children will increase.

These assumptions all depend upon the staff of the program informing, supporting and being accessible to the parents. Changes in the child and their affect on the others in the family is an essential focus.

Based on these assumptions, any family who expresses the need to participate in individual parent counseling sessions will be given staff conference time weekly. Following a series of individual parent conferences, we have found that the parents feel more comfortable and are usually very motivated to join a parent education group. Each individual parent session should be at least one hour in duration and should follow basic guidelines for parent education groups.

The following guidelines have proven effective in implementation of the program:

1. Parents should be grouped according to previous exposure to,and experience with,behavior modification techniques. (Two separate groups may be held the same evening.)

2. Parent education sessions should be at least one and one/half hours in length. If possible, arrange free sitter service at the location where classes are held.

3. All parent training programs should be established in a business-like manner. Agreements or contracts should be written and signed by both parties, (parent and staff). *

4. A complete parent program outline, (by week) including reading materials and tests or forms to be filled out, should be written in advance and given to parents following joint signing of contract.

5. The focus of such programs should be on behavioral change in skill areas such as attention, cooperation, play and self-help.

6. Previous to beginning training programs, home observations should be conducted for several hours each day for several days. This will enable parents and children to become accustomed to observers. Also, the observers will be able to pinpoint behaviors to measure during the baseline series. (A portable video-camera is essential for baseline observation, in addition to paper and pencil recordings).

* See sample contract Figure 1

7. Training programs should be broken down into three specific sequences of instruction:

   a. Basic principles of behavior modification.

   b. General teaching skills which are applicable to all educational programs.

   c. Special skills for teaching more difficult behaviors.

   The book Modifying Children's Behavior, by Robert E. Valett, is recommended for basic principles of behavior modification. In addition, other printed materials and audio-visual aids are necessary.

   The book Educating Children with Learning and Behavior Problems, by Dr. Martin A. Kozloff is excellent for general and specific teaching skills. *

8. Meetings should all be similar in stressing instruction and discussion. Demonstrations (preferably video-tapes) are essential for instruction in general and special teaching skills. **

9. Each meeting should begin with a general review of what has been discussed up to that point. Questions on terminology and concepts liven up the meeting at this point with positive reinforcement for those attempting answers and for those providing correct answers.

10. The week's reading assignment and home behavior modification or tests are presented next. The instructional portion of the meeting should be enhanced by films, video-tapes, overhead transparencies or lecture-blackboard presentations.

11. When video-tapes are shown, parents should be encouraged to make critical observations of performance, to praise appropriate performance and to offer behavioral suggestions for alternative ways of performing.

12. Once rapport has been established in the group, parents who have reached an important step in training should be encouraged to present their home behavior modification plan. Parents should describe their past week's program, and show and explain data taken during the week. They should answer questions and solicit advice from the group. Then proposed modifications to home plan or new behaviors to be changed should be discussed. ***

* See Figure 2, for list of general teaching skills.
** See Figure 3, for some specific teaching skills.
*** See Figure 4, for Sample behavior modification plan.

13. Parents should be encouraged and reinforced by group leader and staff, as they praise participants who are presenting. They should also be reinforced for asking or answering questions and for giving good behavioral suggestions.

14. At conclusion of instructional portion of meeting, the participants should break up into smaller groups where home plan will be discussed. Modifications should be suggested and parents encouraged to prescribe their own modification.

15. Above all, it should be stressed that behavior modification is changing <u>our</u> behavior which will result in changes in the children's behavior. Nothing good is ever easy.

The effectiveness of the parent training program can be evaluated in terms of children's progress, and parent progress and growth.

FIGURE 1

AGREEMENT FOR PARENT TRAINING PROGRAM

You have volunteered to participate in a training program for parents of children with developmental disabilities. The program will consist of a series of six meetings with the program staff and other parents. The classes will run April 29 - June 3 inclusive.

The major purpose of the group meeting is to find ways to help children in their development toward maturity (intellectual, physical and social-emotional.) Our goal is to help parents become more effective teachers for their children. During the next several months we are all going to be working hard for your child. None of us (you, the parents, and we, the program staff) want to waste any time or effort. Therefore, before we start the program, it is absolutely necessary that we understand what we can expect from each other and that we all agree in writing to do those things that will make the program as successful as possible.

We have some basic group guidelines we would like you to be aware of:

1. Each group member should feel a responsibility for helping every other group member by providing ideas and information whenever possible.

2. The personal affairs of parents who are not members of the group should not be discussed.

3. Anything discussed in the group should be discussed only in the group.

It is to be understood that the staff is not offering you medical or psychiatric services. If you wish services such as these, the project office can give you appropriate telephone numbers for such professionals. Our major purpose is to teach you how to produce desirable behavior change in your child in skill areas such as attention, cooperation, play and self-help.

For our part, the staff agrees to do the following things for you:

1. Attend all group meetings and be on time.

2. Attempt to teach you to observe, record, and evaluate behavioral development.

3. Attempt to teach you principles of behavior modification.

4. Attempt to teach you educational procedures to use in developing your child in such areas as attention, cooperation, and play.

5. Provide advice and assistance to you when problems or questions arise while you are taking part in this program.

In protecting your rights and the rights of your children, the staff agrees to:

1. Protect you and your child's identity by not revealing your name, address or any other identification information to any but program staff,

2. Explain the purpose, nature and possible consequences of all procedures and techniques to be taught or used and answer any questions concerning them to your satisfaction, and

3. Make no effort to prevent your withdrawal from the program at any time.

In order for your participation to benefit you and your child as much as possible, you the parents, agree to:

1. Attend all meetings and be on time,

2. Consistently carry out your program in the home,

3. Complete all assignments on time, and

4. Actively participate in group meetings.

In addition, we ask that you agree to the following:

1. That upon procurement of a portable video-camera, that the program staff be allowed to observe and collect data in your home (including video-tapes, slides, and tapes) at various times agreed upon by you and the staff.

2. That just as you may withdraw from the program at any time, so may the staff terminate your participation in the program at any time, and

3. That you waive liability of the training program staff.

We all have good intentions, but we all know that as time goes on things may occur that might get us into the bad habit of not living up to our agreements. After a hard day the program staff might not feel like working hard on preparation of one of the meetings, or gathering information

you might need. After you have had a long and hard day, you might not feel like completing an assignment. This can only hurt the child.

In order to help us all live up to our agreements, we will be using a system of debits and credits. This system has been used in similar programs, however they used certified checks. We are a public institution, and transfer of monies presents legal problems. Parents have said that the system was a great idea and it has turned out to be a valuable part of the program. It simply keeps everybody on their toes.

Our system will work like this. Before the first meeting, three work orders will be collected from each family and three work orders from each training program staff members. Work orders are formally written and signed statements of donated time and effort to accomplish some needed task in the school. For parents who can accomplish it, it would be something to be done in the classroom (straightening the room, building shelves, shampooing carpeting, dusting, etc.) For parents who work until hours when the school is closed (5:00 p.m.) services should be at home (sewing ties together, making needed equipment for classroom, such as buzzer boards, plain wooden shapes, pot holders, aprons, etc.) For staff, work orders will relate directly to services to children (teaching specific behaviors in readiness, teaching sign language, teaching specific writing or reading skills.) All work orders,both staff and parent,will be fulfilled after 2:00 p.m.

EXAMPLE:

I _____do hereby promise to spend one hour at 2:00 p.m. teaching Timmy Young eye contact on request.

_____

The first work order should be written for one hour, the 2nd for two hours and the third for three hours. We suggest that work orders for parents be divided equally between partners and we definitely encourage both parents to participate in parent training classes.

We will all be given credit points for living up to our agreements and debit points for not living up to our agreements. If a specified amount of debits are allowed to mount up either by a parent or a staff member, that person's first work order will be pulled. It must then be replaced with another work order number 3. If the specified number of debits mounts up again, work order 2 will be pulled. It must also be replaced by a work order, number 3. If debits mount up the third time, work order number three will be pulled and the system begins again.

All, or the remainder of the work orders will be returned to parents or staff members when the program is completed. One staff member and one parent will be chosen to handle the checks.

This system is not meant to punish or threaten any one, but we feel, as you do, the urgency of the children's need to learn. If the credit and debit system will help us all to work for the welfare of the children, it will have served its purpose.

Those who regularly attend meetings, complete assignments, and apply themselves to the program will be positively reinforced by having their work orders returned to them.

I AGREE TO:

1. Make out three work orders with work task and place specified,

2. To fulfill work order (should they need to be pulled), and

3. To replace each work order that has been pulled with another maximum hour work order.

I have read, understood, and given my consent to the terms listed above concerning conditions of my participation of myself and my child (in relation to home program) in the described parent training program. Subject to terms listed above, I give my permission for myself and my child to participate in the training program.

Mother's Name: _____

Father's Name: _____

Child's Name: _____

_____ _____ _____
Work Order 1 Work Order 2 Work Order 3

Program Staff:

_____
Shelby Morrison, Parent Group Leader

_____ _____ _____
Work Order 1 Work Order 2 Work Order 3

Gerri Brown, Project Coordinator

Work Order 1 Work Order 2 Work Order 3

FIGURE 2

GENERAL TEACHING SKILLS

	Yes	No
Consequences		
1. Rewards all good behavior		
2. Ignores undesirable behavior		
3. Rewards immediately		
4. Rewards every time, initially		
5. Uses rewards that are effective		
6. Tells child what he's being rewarded for		
7. Praises child enthusiastically		
8. Rewards child for trying		
9. Consistent in use of rewards and punishments		
10. Uses time out for disruptions (when necessary)		
11. Slowly shifts to natural rewards		
Signals		
12. Gives signal when child is attending		
13. Presents one signal at a time (pauses between signals)		
14. Gives signal clearly and loudly		
15. Emphasizes important words in a direction		
16. Uses directions rather than irrelevant questions		
17. Waits for child to respond		
18. Uses Grandma's Law		
Shaping		
19. Withholds rewards for better approximations		
20. Breaks behavior into small steps		
21. Chains behaviors together		
22. Continues to reward elementary behaviors		
23. Differentiates rewards (stronger for new or more difficult behaviors)		
Prompts		
24. Presents a good model		
25. Prompts child when necessary		
26. Fades prompts slowly		
Teaching Session		
27. Switches tasks - doesn't work too long on same task		
28. Makes sessions enjoyable		
29. Remains calm during a disruption		
30. Doesn't fight with child to get him to do task		
31. Works on behaviors appropriate to child's level of development (as designated by the BET)		
32. Follows through on commands (no idle threats)		
33. Ends session on a good note.		
34. Pinpoints target behavior		
35. Deprives child of reward at other times during day		

FIGURE 3

SPECIFIC TEACHING SKILLS

	Yes	N
Consequences		
1. Rewards all good behavior		
2. Ignores undesirable behavior		
3. Rewards eye contact		
4. Rewards immediately		
5. Rewards every time, initially		
6. Uses effective rewards		
7. Tells child what he is being rewarded for		
8. Uses enthusiastic priase		
9. Pairs food rewards with praise		
10. Rewards approximations at first		
11. Rewards sitting at table		
12. Consistent in use of rewards and punishments		
13. Uses small bites of food (avoids satiation)		
14. Times out disruptive behavior (when necessary)		
15. Slowly moves to intermittent as eye contact increases		
Signals		
16. Uses Grandma's Law to get eye contact under more natural control (required during day)		
17. Waits for child to look (respond)		
Shaping		
18. Withholds rewards for better approximations (to lengthen eye contact)		
Prompts		
19. Uses prompts initially (e.g. holds food in front of face)		
20. Sits across or close to child to make it easy for him to look		
21. Fades prompts when child begins to look on his own		
Teaching Session		
22. Pinpoints target behavior		
23. Counts target behavior		
24. Charts target behavior		
25. Deprives child of reward at other times during day		
26. Doesn't fight with child or force him to look		
27. Remains calm during a disruption		
28. Continues session or normal activities despite irrelevant behaviors		
29. Doesn't work on eye contact too long in sessions		
30. Sets up "special" session for eye contact if necessary		
EYE CONTACT ON REQUEST		
31. Gives signal, at first, when child is almost ready to look (or until attending)		
32. Presents one signal at a time		
33. Gives signal clearly and loudly		
34. Uses directions rather than irrelevant questions		
35. Backs up to easier step if there is a problem		
36. Switches from Continuous Reinforcement to Intermittent Reinforcement (when 1 per minute) gradually		

FIGURE 4

BEHAVIOR MODIFICATION PLAN FOR (Name) _____

1. Desired behavior:

2. List sequential steps leading to desired behavior, if needed.

   1.

   2.

   3.

   4.

3. Define TARGET BEHAVIOR:

4. Chart for baseline. (Act as you always do to obtain frequency count prior to beginning program.)

5. Observation: What happened before the behavior (CUE) and what followed the behavior (REINFORCEMENT, PAY-OFF, REWARD)

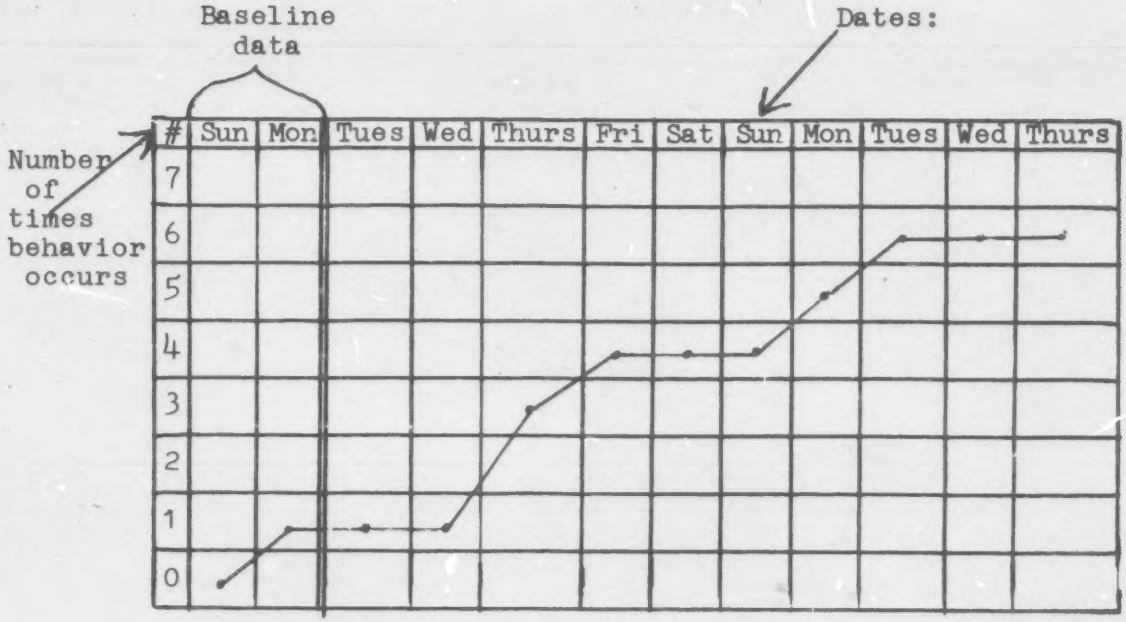
6. Possible reinforcements for your child: Remember, you will have to reinforce immediately and every time the behavior occurs in the beginning. Also, always include social reinforcement and make sure the child knows why he is being reinforced.

   PRIMARY ACTIVITY

   TOKEN SOCIAL

7. Chart behavior, using reinforcement system.

TARGET BEHAVIOR: Asking for something, instead of gesturing or whining.



8. WHAT IF NOTHING I TRY WORKS? ASK YOURSELF:

   a. Am I trying to teach something my child is incapable of learning at this time? If so, break down into smaller sequential steps (#2).

   b. Is the reinforcement sufficiently powerful and given immediately? Primary is the strongest reinforcement, but a child may become satiated.

   c. Have I been consistent? Am I reinforcing when child does not behave appropriately? Do I reinforce every time the behavior occurs? Does he know why I'm reinforcing? (Telling a child why you are <u>not</u> reinforcing him, may be stronger reinforcement than the one you've chosen.)

   d. Am I giving a sufficient number of trials and a sufficient amount of time?

   e. Have I controlled all outside influence so that undesirable behavior is not being cued or reinforced by the environment?

9. Questions I'd like to discuss at our next session:

APPENDIX E

MATERIALS LIST

AUDITORY SKILL AREA

- Teacher made sound makers
- Bells - high to low
- Whistles
- Shakers with macaroni
- Shaker with pennies
- Cymbals
- Xylophone
- Buzz Board
- Telegraph Key
- Peabody Kit Records:
  - Basic sounds
- D.L.M.:familiar sounds
- A.T.P.: sound training tapes
- Sounds I can hear:
  - at the zoo
  - household sounds
  - transportation
  - neighborhood
  - at school
- Auditory discrimination in depth: cards and dittos
- Peabody Picture Cards:
  - objects
  - foods
- Teacher made pictures:
  - objects
  - people
- Action pictures
- Name pictures
- Beginning sounds
- Alphabet match ups
- Rhyming sounds
- Constant Items:
  - Tape Recorder
  - Head phone sets and Multi-jack box
  - Record Player
- Taped sounds
  - Animal objects
  - Animal pictures

VISUAL SKILL AREA

- Teacher-made materials Utilizing book Work Jobs
- Play chips
- Puzzles
- Color and shape bingo
- Pre-writing design cards and colored blocks
- Invicta attribute blocks
- Nuts and bolts board
- Fit-a-shape and Fit-a-blob
- Magnetic board
- Sequence cards
- Recall visual matching
- Kit of felt-face and face parts
- Symbol tracking textbook with self-erasing ink
- Colored balls in colored cups
- Feely-meely
- Object matching picture cards
- Number 1 and 2 shapes and Color learning textbook for visual memory
- Opposite cards
- Bucket of fun
- Color stacking discs
- Food for food discrimination
- Color cards -Teacher made
- Playing cards: by suits, color and number
- Cartoons for sequencing - Teacher made
- Upper case letter cutouts
- Community Settings Kits
- Counting discs
- Geometric shapes
- Lotto Sets
- Geometric or freeform puzzles
- Formboard
- Action Picture Sequence Cards
- Felt shapes
- Magnetic shapes
- Object Sorters: boxes egg cartons, etc.

FINE MOTOR SKILL AREA

- Form box
- Play chips
- Stacking discs
- Stacking blocks
- Screw board
- Fit a blob
- Peg in hole
- Fit a shape
- Invicta attribute blocks
- Scissors
- Shape templates
- Rulers
- Lacing boards:
  Different shapes
- Fundamentals of Mathematics:
  Lines and planes
- Stapler
- Pounding bench
- Timer
- Play dough
- Beads for stringing:
  Different shapes and
  card cues
- DLM puzzles:
  Shapes
  Animals
  People
- Peabody Cards:
  Picture of objects
- Zipper and Snap board
- Plastic objects
- Chalk
- One inch cubes (for stacking and building)
- Playschool puzzles - simple
- Manila paper
- Xylophone
- Crayons - assorted sizes and pieces

SELF-HELP SKILL AREA

- Fire posters
- Safety posters
- Traffic signs
- Films - on health and safety
- Traffic posters
- Crayons
- Teacher made materials
- Paper towel
- Toothbrush and paste
- Hair: comb and brush
- Health poster
- Clothing
- Shoes and socks
- Zipper board
- Snapping board
- Lacing board
- Button board
- Peabody Picture Cards
- Good health poster sheets
- Peabody Body Parts
- Soap and water
- Plastic fruit

GROSS MOTOR SKILL AREA

- Balance beam
- Hula hoops
- Assorted ropes
- Directional posters
- Wooden steps
- Ladders
- Balls: assorted sizes and textures
- Bowling pins
- Signal cards
- Stomping board
- Bean bags and target
- Materials for obstacle course - sawhorse, tunnel, inner tubes, steps, and boxes.
- Tumbling mats
- Footprint patterns
- Variety of physical fitness: records or tape recordings with and without instructions
- Jumbo Kindergarten blocks
- Hardwood Unit Blocks

ADDITIONAL MATERIALS

The following is a list of educational kits that we found helpful in working with our students. These programs have been selected with an eye to the following criteria:

- Provides structured approach to content area
- Involves meaningful use of manipulatives
- Calls for teacher-directed lessons with on-the-spot observation of student performance
- Provides method for evaluating performance

- Milton Bradley Early Childhood Enrichment Series
- Peabody Language Kit
- Distar Oral Language Kit
- Emerging Language

APPENDIX F

AUTISTIC PROJECT VISITOR QUESTIONNAIRE

Description:

A two-page form requesting information about each visitor and his perceptions concerning The Autistic Program at Gateway School.

Directions:

Each visitor is requested to complete this questionnaire at the conclusion of his visit.

Use:

This form provides a way of accounting for the number of visitors and a summary of their comments for quarterly and end of year reporting.

. . . . . .

AUTISTIC PROJECT VISITOR QUESTIONNAIRE

NAME: _____ DATE: _____

Time Spent at Gateway School _____

1. How did you hear of The Autistic Program?

2. What group or agency do you represent?

   Location?

3. What kind of information did you hope to obtain by coming?

   Did you, in fact, obtain this information?

4. What is your general impression of The Autistic Program?

   Are there any suggestions you have regarding The Autistic Program?

5. If you are from an agency, did you see any techniques here which you plan to employ in your own set-up?

   If yes, what?

QUESTIONNAIRE (CONTINUED)

6. With whom did you speak?

____Project Coordinator
____Principal
____Psychologist
____Teacher
____Secretary
____Aide
____Speech and Language
____Psychologist
____Social Worker
____Other (specify)

7. Through what source did you receive information prior to your visit here?

_____Autistic Project Brochure
_____Newspaper Article
_____Personal Communication
_____Other

8. If you observed the children, were the activities here at Gateway different from what you expected?

9. Please make other comments.

APPENDIX G

INSERVICE EVALUATION FORM

Topic of Workshop _____

Date of Workshop _____

Person or persons presenting _____

To help us in planning future workshops, please answer the following briefly:

A. Your objective in attending workshop?

B. To what extent was your objective achieved?

C. How will this experience help you to more effectively perform your tasks?

D. What type of procedure did you find most beneficial to you?

1. Demonstration _____
2. Lecture _____
3. Slide Presentation ____
4. Discussion _____

E. Was this session well organized? ___yes ___no

F. Was session stimulating and interesting? ___yes ___no

G. Was/were the information and/or procedures presented during this session presented clearly? ___yes ___no

If not, what was unclear?

H. To what extent will reproduced materials give you aid in understanding session?

___None ___Some ___Much

I. Are there any additional topics which should have been covered during this session? ___yes ___no

If yes, please state them.

J. Suggestions for improvement of workshops:

APPENDIX H

BIBLIOGRAPHY

The following books offer helpful background reading on the problems of autistic and seriously emotionally disturbed children.

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